

# APPLICATION FOR APPOINTMENT TO THE MEDICAL STAFF

(Use additional sheets where necessary for additional space)

HOSPITAL <i>Wasatch County Hospital</i>		LOCATION <i>Heber City, Utah</i>		DATE <i>9-29-82</i>	
IDENTIFYING INFORMATION	LAST NAME <i>Percussion</i>	FIRST NAME <i>Katherine</i>	INITIAL <i>S</i>	BIRTHPLACE <i>Corpus Christi, Texas</i>	DATE OF BIRTH <i>6-28-47</i>
	OFFICE ADDRESS <i>35 So 5th E</i>		CITY <i>Heber City</i>	STATE <i>Utah</i>	ZIP CODE <i>84032</i>
	HOME ADDRESS <i>207 5th Ave SLC</i>		CITY <i>SLC</i>	STATE <i>Utah</i>	ZIP CODE <i>84103</i>
	CITIZENSHIP <i>US of A</i>		MARITAL STATUS <input checked="" type="checkbox"/> M <input type="checkbox"/> S <input type="checkbox"/> W <input type="checkbox"/> D		NAME OF SPOUSE <i>William W</i>
	PRACTICE LIMITED TO <i>Pediatrics</i>				
OTHER MEDICAL INTERESTS IN PRACTICE, RESEARCH, ETC. <i>Learning problems &amp; behavioral ped's</i>					
PRACTICING WITH WHOM AND NATURE OF AFFILIATION <i>Headache</i>					
MEDICAL INFORMATION ON SEPARATE SHEET, FURNISH DATE OF LAST PHYSICAL EXAMINATION, SIGNIFICANT FINDINGS, NAME OF PHYSICIAN AND/OR INSTITUTION WHERE PERFORMED, AND DATES AND CAUSES OF ALL HOSPITALIZATIONS FOR PAST FIVE YEARS.					
PREMEDICAL EDUCATION	COLLEGE OR UNIVERSITY <i>Texas A-I University</i>			DEGREE <i>B.S.</i>	HONORS <i>cum laude</i>
	ADDRESS <i>Kingville, Texas</i>			DATE OF GRADUATION <i>5/73</i>	
MEDICAL EDUCATION	MEDICAL SCHOOL <i>University of Texas Medical Branch</i>			DEGREE <i>M.D.</i>	HONORS <i>with honor</i>
	ADDRESS <i>Galveston, Texas</i>			DATE OF GRADUATION <i>9/76</i>	
INTERNSHIP	HOSPITAL <i>UTMB - John Sealy</i>	ADDRESS <i>Galveston, Texas</i>			DATES
	TYPE OF INTERNSHIP <i>pediatrics</i>			SPECIAL	
RESIDENCIES	PRACTITIONERS RESPONSIBLE FOR PERFORMANCE (CHIEF OF STAFF, CHAIRMEN OF DEPARTMENTS, OTHERS) <i>C.W. Daeschner, P. Gustavson, M. Cerneto, J. Richardson</i>				
	FELLOWSHIPS, PRECEPTORSHIPS, TEACHING APPOINTMENTS, POSTGRADUATE EDUCATION (CHRONOLOGICAL ORDER: DATES, LOCATIONS, CHIEFS OF STAFF, CHAIRMEN OF DEPARTMENTS AND OTHER PRACTITIONERS RESPONSIBLE FOR PERFORMANCE)				
	LOCATION <i>UTMB Galveston (as above)</i>	DURATION <i>5 mos, parttime</i>			DATES <i>7/77 - 3/78</i>
	LOCATION <i>U of Utah Dept of Pediatrics</i>	DURATION <i>19 mos</i>			DATES <i>5/81 - 12-82</i>
	LOCATION				DATES
CONTINUING MEDICAL EDUCATION	ON SEPARATE SHEET, LIST ALL POSTGRADUATE ACTIVITIES WHICH YOU HAVE ATTENDED, OR FOR WHICH YOU HAVE RECEIVED CREDIT IN THE PAST TWO YEARS. <i>full time pediatric residency Univ of Utah</i>				
	FURNISH A LIST OF SCIENTIFIC PAPERS OR ESSAYS YOU HAVE WRITTEN, AND A LIST OF SCIENTIFIC MEETINGS YOU HAVE ATTENDED DURING PREVIOUS THREE YEARS (INCLUDE REPRINTS).				
AFFILIATIONS	PRESENT CAPACITY WITH THIS HOSPITAL <i>Ø</i>				DATES
	LIST ALL PRESENT AND PREVIOUS HOSPITAL AFFILIATIONS AND MEDICAL STAFF MEMBERSHIPS, IN CHRONOLOGICAL ORDER (INCLUDE ASSISTANTSHIPS AND APPOINTMENTS). SPECIFY ALL DEPARTMENTS IN WHICH PRIVILEGES WERE EXERCISED AND NATURE AND EXTENT OF SUCH PRIVILEGES.				
	NAME AND LOCATION OF HOSPITAL <i>St. Mary's Hospital Galveston, Tex</i>		CAPACITY <i>pediatric staff</i>	DATES <i>6-78-6-80</i>	
	NAME AND LOCATION OF HOSPITAL <i>Pasadena Memorial Pasadena, Tex</i>		CAPACITY <i>perm. consulting staff</i>	DATES <i>11-78-8-80</i>	
	NAME AND LOCATION OF HOSPITAL <i>Lakeview Hospital Bountiful, Utah</i>		CAPACITY <i>ped. staff</i>	DATES <i>7-80-6-81</i>	
NAME AND LOCATION OF HOSPITAL <i>PCMC SLC, Utah</i>		CAPACITY <i>ped. house staff</i>	DATES <i>5-81 - 12-82</i>		
DESCRIPTION OF PRACTICE	ON SEPARATE SHEET, GIVE NARRATIVE SUMMARY OF ALL PAST AND PRESENT MEDICAL PRACTICE INCLUDING OFFICE, CLINIC, HOSPITAL AND MILITARY.				
MEMBERSHIP IN PROFESSIONAL SOCIETIES	ARE YOU A MEMBER OF THE _____ COUNTY MEDICAL ASSOCIATION?				<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
	DO YOU HAVE AN APPLICATION PENDING?				<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
	DO YOU INTEND TO APPLY?				<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
IF MEMBER, PAST OR PRESENT OR APPLICANT TO OTHER COUNTY, STATE OR NATIONAL SOCIETY, GIVE NAME <i>Seal Lake County, Utah Med Soc. AMA (not current)</i>					
FELLOWSHIP	AMERICAN COLLEGE OF				DATE
	AMERICAN COLLEGE OF				DATE
	MEMBER OF AMERICAN ACADEMY OF FAMILY PRACTICE?				DATE
	<input type="checkbox"/> YES <input type="checkbox"/> NO				
FELLOWSHIP IN OTHER SPECIALTY COLLEGES					

Heber Valley Pediatrics

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Dr. Sreen,

I don't know about you but this 5th disease outbreak is driving us nuts. I called Marie and apparently she has quite a problem on her hands, too.

I looked into it and put together a sample information for the school. I don't have any public health experience, though, so I'd really appreciate your suggestions before we do anything else.

Would it be appropriate to give Marie + Marie a crash course in diagnosing this rash and arrange some kind of physician support for questionable cases. I'd be glad to do whatever we need.

Thanks,

